

# OCCUPATIONAL LICENSE APPLICATION FOR MANUFACTURED HOME/MOBILEHOME/COMMERCIAL COACH MANUFACTURERS, DISTRIBUTORS AND DEALERS

## PART A

### SECTION 1 - PURPOSE AND TYPE (MUST BE COMPLETED)

#### PURPOSE FOR APPLICATION

\_\_\_ Obtain Original License (Complete Sections 2, 4, 6)

\_\_\_ Obtain License for Secondary  
Location(s) (Complete Sections 2, 4, 6)

\_\_\_ Transfer License to New Location  
(Complete Sections 2, 3, 6)  
(Return License)

\_\_\_ Close Location (Complete Sections 2, 3, 6)  
(Return License)

\_\_\_ Change of Ownership by Termination and/or  
Addition of Partners or Incorporation  
(Complete Sections 2, 4, 5, 6)

#### TYPE LICENSE

\_\_\_ Manufacturer

\_\_\_ Dealer

\_\_\_ Distributor

#### TYPE UNIT SOLD, RENTED OR LEASED

NEW USED

\_\_\_ Manufactured Home/Mobilehome  
\_\_\_ Commercial Coach

### SECTION 2 - PLACE OF BUSINESS INFORMATION

LICENSE NO. \_\_\_\_\_

#### PRIMARY LOCATION INFORMATION:

\_\_\_\_\_  
Name of individual, Partners or Corporation

DBA \_\_\_\_\_ TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_  
Firm or Trade Name

BUSINESS ADDRESS \_\_\_\_\_

MAIL TO ADDRESS \_\_\_\_\_

SECONDARY LOCATION INFORMATION: List all secondary business locations below. Check the appropriate box to indicate whether each location listed is a new or existing location. Submit a separate application form Part C for each new business location listed.

#### PLEASE TYPE OR PRINT

DBA	STREET ADDRESS AND CITY	TELEPHONE	NEW	EXISTING

ATTACH ADDITIONAL SHEET IF NECESSARY TO IDENTIFY MORE LOCATIONS

### SECTION 3 - PREVIOUS LOCATIONS Complete this section to describe location(s) being closed or moved)

DBA	STREET ADDRESS AND CITY	TELEPHONE	EFFECTIVE DATE	CLOSED	MOVED

ATTACH ADDITIONAL SHEET IF NECESSARY

### SECTION 4 - CURRENT OWNERSHIP STRUCTURE

/\_/\_ INDIVIDUAL

/\_/\_ PARTNERSHIP

/\_/\_ CORPORATION

/\_/\_ L.L.C.

- List below, as appropriate, the name(s) and title(s) of the Individual Owner, all Partners of the Partnership (designate whether General or Limited), or all Corporate Officers, Directors and Controlling Stockholders of the Corporation (Include designated Managing Employee, if applicable).
- In Column A, indicate with an "X" those persons who will participate in the direction, control and/or management of the manufacturing or sales operations of the business. Persons indicated as participating in the direction, control and/or management of the business are subject to the requirements specified in California Code of Regulations, Title 25, Division I, Chapter 4, Subchapter 2, Sections 5020, 5024, 5025, 5302 or 5304, as applicable.

LAST	FIRST	MIDDLE	TITLE	COLUMN A

---

---

**SECTION 5 - STATEMENT OF OWNERSHIP CHANGE**

---

---

**REMOVAL OF PARTNER(S)**

The following person(s) has/have relinquished all ownership and interest in the previously described dealership as evidenced by the attached Statement(s) of Relinquishment:

LAST	FIRST	MIDDLE	TITLE	EFFECTIVE DATE

**ADDITION OF PARTNER(S)**

The following new partner(s) (designate **whether general or limited**) have been acquired:

LAST	FIRST	MIDDLE	TITLE	EFFECTIVE DATE

**FOR INCORPORATION OF INDIVIDUAL OWNERSHIP OR PARTNERSHIP**

Ownership was previously held as   /  /   INDIVIDUAL   /  /   PARTNERSHIP. Effective date of incorporation is/was \_\_\_\_\_

The following is/was the ownership structure prior to incorporation:

LAST	FIRST	MIDDLE	TITLE

---

---

**SECTION 6 - APPLICANT CERTIFICATION**

---

---

INSTRUCTIONS: Complete Section I, II, III, below depending on whether ownership of firm is Individual, Partnership or Corporation.

**I. INDIVIDUAL**

I certify under penalty of perjury that I am the sole owner of (name of business) \_\_\_\_\_  
and that all answer and information contained within this application and items submitted herewith are true and correct.

Signed _____	Date _____
--------------	------------

**II. PARTNERSHIP**

We certify under penalty of perjury that we are co-partners in (name of business) \_\_\_\_\_  
and that no other person is associated in the ownership of the business and that all answers and information contained within this application and items submitted herewith are true and correct.

Signed _____	Date _____	Signed _____	Date _____
--------------	------------	--------------	------------

Signed _____	Date _____	Signed _____	Date _____
--------------	------------	--------------	------------

**III. CORPORATION**

I certify under penalty of perjury that (name of business) \_\_\_\_\_  
is incorporated in the State of \_\_\_\_\_ and is authorized by the California Secretary of State  
to transact business in California, and that all answers and information contained within this application and items submitted herewith are true and correct.

**AFFIX CORPORATE**

\_\_\_\_\_  
Signature of Corporate Officer Authorized to Sign for Corporation

**SEAL HERE**

_____ Title	_____ Date
----------------	---------------